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DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY DIVISION
PERMIT APPLICATION FEE FORM
REVISED EFFECTIVE JANUARY 1, 2008

INSTRUCTIONS

Applicants for individual Virginia Pollutant Discharge Elimination System (VPDES), Virginia Pollution Abatement (VPA), Virginia Water Protection (VWP), Surface Water Withdrawal (SWW), and Ground Water Withdrawal (GWW) Permits are required to pay permit application fees, except farming operations engaged in production for market. Fees are also required for registration for coverage under General Permits except for the general permits for sewage treatment systems with discharges of 1,000 gallons per day (GPD) or less and for Corrective Action Plans for leaking underground storage tanks. Except for VWP permits, fees must be paid when applications for permit issuance, reissuance* or modification are submitted. Applicants for VWP permits will be notified by the DEQ of the fee due. Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received. (* - the reissuance fee does not apply to VPDES and VPA permits - see the fee schedule included with this form for details.)

The permit fee schedule is included with this form. Fees for permit issuance or reissuance and for permit modification are included. Once you have determined the fee for the type of application you are submitting, complete this form. The original copy of the form and your check or money order payable to "Treasurer of Virginia" should be mailed to:

Department of Environmental Quality
Receipts Control
P.O. Box 1104
Richmond, VA 23218

A copy of the form and a copy of your check or money order should accompany the permit application. You should retain a copy for your records. Please direct any questions regarding this form or fee payment to the DEQ Office to which you are submitting your application.

APPLICANT NAME: Nutri-Blend Inc. SSN/FIN: 54-1894294

ADDRESS: 2353 Charles City Road DAYTIME PHONE: (804) 222-7514
P.O Box 38060 Area Code
Richmond, VA 23231

FACILITY/ACTIVITY NAME: Nutri-Blend Inc. Land Application of Biosolids

LOCATION: Goochland County

TYPE OF PERMIT APPLIED FOR
(from Fee Schedule): VPA Biosolids Permit

TYPE OF ACTION: New Issuance Reissuance X Modification

AMOUNT OF FEE SUBMITTED
(from Fee Schedule): \$1,000

EXISTING PERMIT NUMBER (if applicable): VPA 00806

DEQ OFFICE TO WHICH APPLICATION SUBMITTED (check one)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Abingdon/SWRO | <input type="checkbox"/> Harrisonburg/VRO | <input type="checkbox"/> Woodbridge/NVRO | <input type="checkbox"/> Lynchburg/SCRO |
| <input checked="" type="checkbox"/> Richmond/PRO | <input type="checkbox"/> Richmond/Headquarters | <input type="checkbox"/> Roanoke/WCRO | <input type="checkbox"/> Virginia Beach/TRO |

FOR DEQ USE ONLY

Date: _____
DC #: _____

Original Form and Check - DEQ Receipts Control, Richmond
Copy of Form and Copy of Check - DEQ Regional Office or Permit
Program Office



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/15/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TIS of the Carolinas, LLC 4700 Homewood Court, Suite 106 Raleigh NC 27609	CONTACT NAME:		
	PHONE (A/C, No, Ext): 919-787-4432 FAX (A/C, No): 919-787-4489 E-MAIL: ADDRESS:		
INSURED Nutri-Blend, Inc. P.O. Box 38060 Richmond VA 23231	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Westchester Surplus Lines Insurance		
	INSURER B: Continental Western Insurance Compa		
	INSURER C: Amerisafe, Inc		31895
	INSURER D: Hanover Insurance Company		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 140266624

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		G24202549 004	4/15/2014	4/15/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liabil <input checked="" type="checkbox"/> Errors & Omissio GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY		CNA4245961	4/15/2014	4/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		G24202562 004	4/15/2014	4/15/2015	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	AVWCVA2289982014	4/15/2014	4/15/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Contractor's Equipment Leased/Rented Equipment		IH6-9846826-01	4/15/2014	4/15/2015	\$250,000 \$250,000 Per Item Maximum

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION 30 Days

Virginia Department of Environmental Quality; Attn: Seth Mullins Piedmont Regional Office; 4949-A Cox Road Glen Allen VA 23060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>R. W. Moore</i>
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PUBLIC NOTICE AUTHORIZATION AND BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-32-140. A.

Agent/Department to be billed: Nutri-Blend Inc.

Applicant's Address: P.O. Box 38060

Richmond, VA 23231

Agent's Telephone No: 804-222-7514

Authorizing Agent:

Signature

Facility Name:

Permit No. VPA00806

Please return to:

Anita Tuttle
Biosolids Permit Writer
DEQ, Piedmont Regional Office
4949- A Cox Road
Glen Allen, VA 23060
amtuttle@deq.virginia.gov
(804) 527-5039
(804) 527-5106 FAX

*(to be assigned by DEQ- leave blank)

APPLICATION FOR A BIOSOLIDS USE PERMIT

For Department Use Only

Commonwealth of Virginia
Department of Environmental Quality
DEQ Regional Office

Identification No.: _____
Date Received: _____

Type of System or Works: ☐ NEW ☐ UPGRADE ☒ MODIFICATIONS

Owner:

Name: NUTRI-BLEND, INC.

Street or Mailing Address: P.O. BOX 38060

City Richmond State Virginia

Zip Code 23231 Phone No.: (804) 222-7514

Authorized Representative:

Name: Mr. David Simons

Street or Mailing Address: P.O. BOX 38060

City Richmond State Virginia

Zip Code 23231 Phone No.: (804) 222-7514

Consulting Engineer:

Name of Firm: _____

Project Engineer: _____

Street or Mailing Address: _____

Phone No.: (_____) _____

Project Description:

Permit No.: _____

☐ INTERIM ☐ FINAL

DATE ISSUED: _____ EXPIRATION DATE: _____

☐ System ☐ Works Biosolids Source(s) _____

Location of Project/Discharge:

City: N/A Counties: Goochland (See Attachment A)
(Attach listing of Sites if Applicable)

Total acreage involved: 1760.9

Total annual amount of Biosolids from each source: See Attachment B

Type of treatment for pathogen control for each source (if applicable) See Attachment B

Process Description including supernatant management N/A Land Application

Treatment Certification:

Owner of Receiving Sewage Collection System/Treatment Works: _____

Phone #: _____

Street or Mailing Address: _____

City _____ State _____ Zip Code _____

┘ Yes ┘ No A statement indicating that a proper class of Biosolids treatment will be provided for this project has been issued by the owner(s) of the Biosolids Source/Treatment Works and is attached.


(Name, Title and Signature of Official Representative)

**VIRGINIA POLLUTION ABATEMENT PERMIT APPLICATION
FORM A
ALL APPLICANTS**

1. Facility Name: _____ NUTRI-BLEND INC. _____
County and Location: _____ RICHMOND, VA _____
Address: _____ P.O. BOX 38060 RICHMOND, VA 23231 _____

2. Legal Name of Owner: _____ Mr. Larry Matthews _____
Address: _____ P.O. BOX 38060 RICHMOND, VA _____
Telephone Number: _____ (804)222-7514 _____
3. Owner Contact: _____ Mr. Larry Matthews _____
Title: _____ President _____
Address: (if different) _____ (Same) _____
Telephone Number: _____ (804) 222-7514 _____

4. Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC; other:

<u>VPA</u>		<u>00806</u>
Agency	Permit Type	Number
_____	_____	_____
Agency	Permit Type	Number
_____	_____	_____
Agency	Permit Type	Number
_____	_____	_____

5. Nature of Business: _____ Biosolids Land Application _____

SIC Code(s): _____ 0711 _____; _____; _____

6. Type of Waste:
(check blank as appropriate) Proposed Existing
- | | | |
|---|--------------------------|-------|
| Animal Waste (complete Form B) | _____ | _____ |
| Industrial Waste (complete Form C) | _____ | _____ |
| Land Application of Municipal Effluent
(complete Form D, Part I) | _____ | _____ |
| Land Application of Biosolids/Sewage Sludge
(complete Form D, Part II) | _____ <u>17609</u> _____ | _____ |

7. General Location Map: All Sites in _____ Goochland County _____

Provide a general location map which clearly identifies the location of the facility

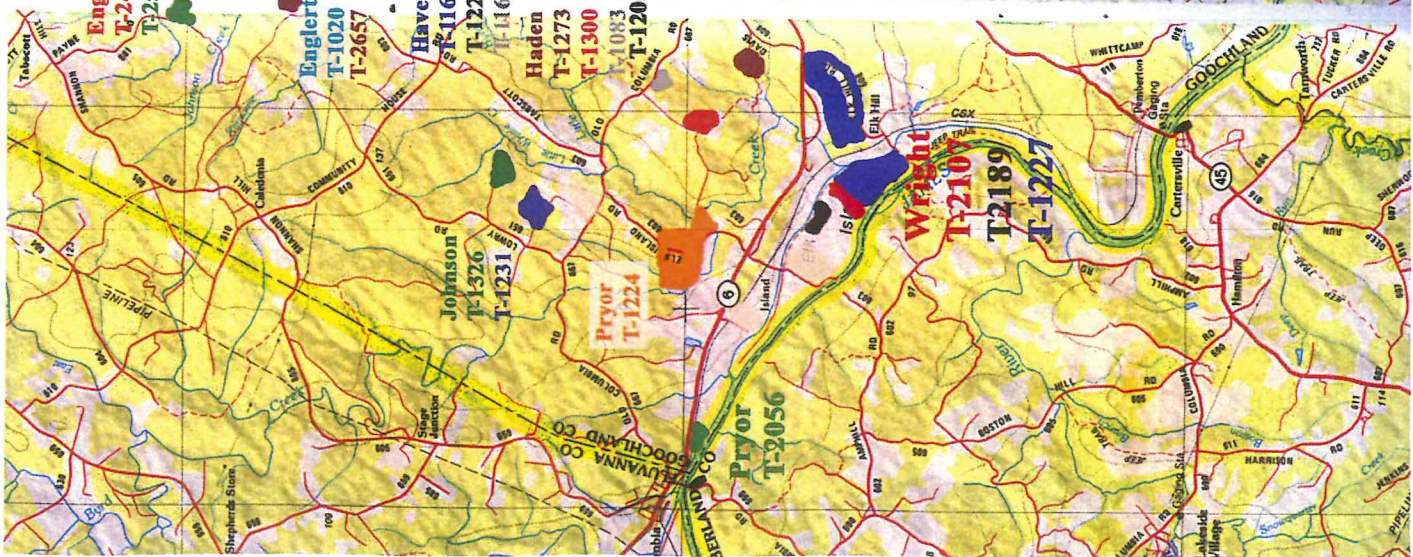
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify that I am an authorized signatory as specified in the VPA Permit Regulation (9VAC25-32).

Signature: _____

Date: _____

Printed Name: _____

Title: _____



ATTACHMENT A
NUTRI-BLEND, INC.
GOOCHLAND LAND APPLICATION SITES

Site Name	Tract	Field #	Gross Acres	Tax ID #	Watershed Code	Landowner	Operator
Bostic	T-702	1	42.0	29-1-21A	JM77	ECT Properties LLC C/O Erik Greenbaum	Steven Bostic
		2	55.5	30-1-51			
		3	31.5	30-1-54			
		4	3.7	30-1-52			
		5	14.6				
		6	16.7				
	T-778	1	11.6	JM78			
		2	23.9				
Bowles	T-729	1	6.7	30-1-87	JM78	V. Knight Bowles	Steven Bostic
		2	15.4				
Englert	T-1075	1	63.5	5-1-0-30	JM61	Englert Farms LLC Darline Englert	Robert Harper
				5-1-30B			
	T-2171	1	1.6	5-1-0-18	JM61		
		2	25.0	10-1-0-27			
		3	7.7	10-14-0-1			
				10-1-0-31			
	T-2657	1	3.8	4-1-55	JM61		
		2	4.5				
	T-2523	2	2.2		JM61		
	T-2468	1	2.6		JM61		
	T-1020	1	3.0		JM61		
		2	20.1				
		3	15.7				
		4	10.1				
		5	5.9				
		6	2.8				
7		6.7					
8		1.3					
Haden	T-1273	1	12.7	25-3-1	JM61	Haden Family Cons. Trust C/O Douglas Haden Jr	Douglas Haden
		2	11.6	26-1-3			
			16-1-81				
	T-1300	1	36.2		JM61		



Havens	T-1228	1	7.9	17-1-48	JM61	Elice and Auther Havens	Mike Havens
		2	9.6	17-1-47			
		3	5.1	11-1-33			
		4	16.8	18-1-2A			
				17-1-45			
	T-1168	1	16.3	17-1-47D	JM61		
	T-1169	1	30.0		JM61		
		2	29.0				
		3	6.0				
		4	8.6				
	T-1170	1	130		JM61		
Johnson	T-1231	1	36.4	16-1-50	JM61	Sandra Johnson Trustee	Andrew Pryor
		2	4.2	16-1-59A			
	T-1326	1	2.0	16-1-59B	JM60/JM61		
		2	2.9	16-1-59			
		3	2.7				
		4	11.5				
		5	14.5				
Jones	T-328	1	1.8	50-1-17	JM72	Mabel Jones C/O Sterling Jones	Sterling Jones
		2	5.9	51-1-3			
		3	8.7	31-1-37			
		4	3.6				
		5	21.2				
		7	3.7				
	T-329	1	7.5	51-1-3	JM72	Sterling Jones	Sterling Jones
	T-330	1	5.2	51-1-37	JM72	Sterling Jones	Sterling Jones
		2	2.5				
		3	7.0				
		4	9.1				
Nuckols	T-2755	1	46.1	55-1-9B	JM79	Ronald Nuckols	Ronald Nuckols
		2	21.2	55-1-10C			
		3	9.1				
		4	12.4				
		5	6.1				
		6	9.5				
		7	5.4				
		8	5.9				





Pryor

T-1224

1 6.6
2 2.4
3 25.3
4 6.3
5 7.5
6 32.0
7 5.1
8 4.3
9 8.8
10 7.6

16-1-78
16-1-78B
16-3-3B

JM60

Sara Parrish Reed
Edward Parrish
Sally Southall

Andrew Pryor



Pryor

T-2056

1 27.0

24-1-1

JM62

Charles Scott Valentine
Paul Steven

Wayne Pryor

Ragland

T-530

1 13.6
2 8.9
3 10.2
4 7.6
5 21.5
6 28.5
7 7.6
8 9.2
9 23.7
10 20.4
11 6.0
12 4.2

13-11-B1
13-11-A
13-11-C
13-11-B2
20-10-D1
13-10-D2

JM77

Wayne Ragland
Carolyn Ragland
Stuart Ragland
Elizabeth Ragland

Wayne Ragland



Sheppard

T-740

1 4.0
2 9.0
3 8.9
4 12.5
5 10.8
6 5.5
7 2.1
8 6.3
9 2.9
10 1.6
15 11.5

42-1-76

JM79

Dorothy Sheppard et al
C/O Dorothy Amos

Charles Sheppard





Worrell	T-836	1	14.7	30-1-28A	JM78	Henry and Lynda Worrell	Henry Worrell
		2	13.8	30-1-32			
		3	11.1	30-1-33			
		4	9.1				
Wright	T-1227	2	67.4	26-2-1A	JM61/JM62	John Wright Caroline Wright(deceased)	John Wright
		4	32.2	25-1-6A			
		5	11.2	25-1-7			
		8	22.9	25-2-1			
		10	8.3	26-2-1			
		11	29.0				
		12	6.3				
		15	13.8				
		16	8.4				
		17	36.7				
		19	37.9				
		20	23.8				
		21	18.3				
		23	10.8				
	T-2107	2	5.7		JM62		
		3	5.6				
		5	14.2				
	T-2189	2	6.3		JM62		
			1760.9				



Nutri-Blend Inc. Source List

Wastewater Treatment Works	Location	Treatment Process	Annual Production
County of Henrico	Henrico Co., VA	Anaerobic Digestion	29,000 wet tons/yr
Falling Creek	Chesterfield Co., VA	Anaerobic Digestion	8250 wet tons/yr
Powhatan Dept of Corrections/ESV	Powhatan Co., VA	Aerobic Digestion	1200 wet tons/yr
Proctors Creek	Chesterfield Co., VA	Anaerobic Digestion	18762 wet tons/yr
WASA - Blue Plains	Washington, D.C.	Lime Stabilized	200,000 wet tons/yr
Farmville	Farmville Co., VA	Aerobic Digestion	2000 wet tons/yr
Chatham	Chatham Co., VA	Aerobic Digestion	500 wet tons/yr
Piscataway	Accokeek, MD	Lime Stabilized	

FIELD OPERATIONS AND TRANSPORT

Following loading at the WWTW, the biosolids will be transported to the application sites using the most direct primary and secondary state highways. The drivers will be instructed to avoid residential areas where possible.

Prior to initiating field operations, the farm operator will be contacted relative to available fields, specific field conditions, and anticipated cropping schedule. Field conditions will be deemed acceptable only when both the farm operator and the field superintendent concur. Daily field records will be kept by the field superintendent utilizing a voucher ticket system to keep track of biosolids delivered and applied at the application site.

Trucks will be unloaded in the field at designated staging areas. To minimize field compaction by applicator and truck traffic, the staging areas will be selected in regard to buffer restrictions, topography, access, farm management concerns, and soil conditions. Although several staging areas will be required for the typical field, all efforts will be made to minimize the number of staging areas.

Cake biosolids will be removed from the staging area with the use of a John Deere 544H rubber-tired front end loader equipped with a 4 cu yd bucket or similar front end loader. Next, the biosolids will be loaded into a Knight Proslinger spreader box with a side discharge applicator, or onto a similar applicator. The spreader box will be pulled by a John Deere 9400 farm tractor or similar farm tractor which will provide the power take off for the spreader box ram and beaters.

Following biosolids application the biosolids will be incorporated into the soil if the cropping system allows. On hay and pasture fields, biosolids will be surface applied.

Prior to leaving the application site, the transportation trucks will be scraped along wheels, mud flaps, tailgate, etc., to minimize tracking mud onto state highways. The drivers will be instructed on the importance of preventing mud from being tracked onto state roads relative to public perception of site activities and safety considerations.

Once an area of the farm has received the design application rate, the sludge application operation will relocate and phase out the staging area. Each staging area will be inspected by the field superintendent who will direct the phase out. Biosolids, including some small amounts of soil, in the staging areas will be collected with the front end loader and then land applied in the normal manner.



Buffer Area



Road



Water



Field Boundary

rock

Rock Outcrop



Wooded Area



Intermittant Stream



Well